

## MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Draft
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Thelma Hayter, DMH  
**Scribe:** Joe Sauls  
**Date:** 11/09/05  
**Time:** 10:00am - 11:00 a.m.  
**Location:** Hargrove, Conference Room D

### IPRS Core Team Attendees:

<ul style="list-style-type: none"> <li>x Sharlene Bryant</li> <li>Cathy Bennett</li> <li>x Cheryl McQueen</li> <li>x Shannon Johnson</li> <li>Gary Imes</li> <li>x Joyce Sims</li> <li>x Joe Sauls</li> <li>x Rick Debell</li> <li>x Thelma Hayter</li> <li>x Eric Johnson</li> </ul>	<b>Others:</b> <ul style="list-style-type: none"> <li>Tim Sullivan</li> <li>Jamie Herubin</li> <li>x Sandy Flores</li> <li>Sara Parks</li> <li>x Mike Frost</li> <li>Linda Smith</li> <li>Carlisa Stallings</li> <li>x Paul Carr</li> <li>x Ron Oldham</li> </ul>
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### Attendees:

<ul style="list-style-type: none"> <li>x Alamance-Caswell</li> <li>x Albemarle</li> <li>x Catawba</li> <li>x Centerpoint</li> <li>x Crossroads</li> <li>x Cumberland</li> <li>x Durham</li> <li>x Eastpointe</li> <li>x Edgecombe-Nash</li> <li>x Five – County MHA</li> <li>x Foothills</li> <li>x Guilford</li> <li>x Johnston</li> <li>Mecklenburg</li> <li>x Neuse</li> <li>x New River</li> </ul>	<ul style="list-style-type: none"> <li>x Onslow</li> <li>x OPC</li> <li>x Pathways</li> <li>x Pitt</li> <li>x Roanoke-Chowan</li> <li>x Rockingham</li> <li>x Sand hills Center</li> <li>x SE Center</li> <li>SE Regional</li> <li>Smoky Mountain</li> <li>x Tideland</li> <li>Wake</li> <li>x Western Highlands</li> <li>x Wilson-Greene</li> <li>x NC Council</li> </ul>
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**Attendees:**

**Item No. Topics**

1. **Division and EDS Review**

**Review checkwrite – November 4<sup>th</sup>**

**Upcoming checkwrites:** (cut-off dates) November 11<sup>th</sup>, 18<sup>th</sup>,

**Update on Medicaid Issues**

**BugCentral Status**

**Key CSRs**

**Operations Support:** File Maintenance, Security, and Help Desk

2. **Area Programs**

**Area Programs, Division and EDS**

Roll call

Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you speak.

Review Check-Write **November 4<sup>th</sup>**

Upcoming Check-write (cut-off dates) – November 11, 18

Agenda items

**Report IPGR7001-Attending Provider**

**T1017-HI...Implemented on Friday**

Reminder: Retro-Active Medicaid

Reminder: Rounding Non-Clinician rate for H0005...See User Alert from 11-08-05

Reminder: After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list: [IPRS.Qanda@ncmail.net](mailto:IPRS.Qanda@ncmail.net)

IPRS Questions or Concerns

DMA Direct Provider Enrollment Questions

MMIS Updates – Ron Oldham & Shannon Johnson

Medicaid Questions or Concerns

DMH and/or EDS concluding remarks

Roll Call Updates

Next Meeting: November 16, 2005

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc., call the IPRS Help Desk – 1-800-688-6696, ext 53355, M-F, 8:00 a.m. - 4:30 p.m., excluding holidays.

DMH IPRS Question and Answer email address - [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)

ADMINISTRATION NOTES (10:00 a.m. DIVISION AND EDS REVIEW)

Item No.	Topics
1.	<p><b>Review Checkwrite from November 4, 2005</b>            For Onslow, provider number matter. Cheryl stated DMH had not been given the new provider number to add to IPRS.</p> <p>Durham experienced denials for EOB 8329. Work continues with local software vendor.</p> <p>Wake had over one million dollar checkwrite</p> <p>Crossroads submitted claims that denied for timely filing.</p> <p>Albemarle had over 1200 denials for EOB 8599. Caused by incorrect attending specialties. A phone call was made to them by IPRS provider services, which was appreciated.</p> <p>IPRS will follow up with Sandhills regarding their DPE denials.</p>
2.	<p><b>Upcoming checkwrites:</b> November 11<sup>th</sup>, 18<sup>th</sup>            There will be a checkwrite for this week. IPRS will verify if 837 files will be accepted up until 5:00pm on 11/11/2005. An Alert will be sent out by COB Wednesday or first thing Thursday morning notifying the Area Programs</p> <p>DMH has forwarded to IPRS the memo to move the budget load up one day to Thursday, 11/10/2005 due to the Veterans' Day holiday on Friday, November 11<sup>th</sup>.</p>
3.	<p><b>Update on Medicaid Issues:</b> Medicaid is still working on the list of codes to bypass TPL, Medicare, or both. LMEs will need to submit the codes that they want to be included to bypass to Shannon Johnson.</p> <p>The question was asked this week if the Direct Enrolled provider numbers were allowed to submit the F2 Stamp override, and the answer was no. Only the 074/113 billing provider type and specialty may use the F2 Stamp.</p>
4.	<p><b>Bug Central Status:</b> There is one bug that is currently in customer review. No change in status.</p>
5.	<p><b>Key CSRs:</b> None reviewed this week.</p>
6.	<p><b>Operations Support – File Maintenance, Security, Help Desk</b></p> <p>DMH will forward to IPRS a file maintenance memo to end-date four procedure codes.</p> <p>The new IPGR7001 report impacts only DPE claims with dates of service from 9/1/2005 forward.</p> <p>Implementation of T1017 HI. The question was asked this week if claims filed before implementation will be resubmitted by EDS. The answer was no. The LME's must resubmit those claims themselves.</p> <p>User Alert was sent on Tuesday for Non-Clinician rounding of the rate of H0005.</p>

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	<b>Roll Call</b>
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you speak.

3.	<p><b>Review Checkwrite – November 4<sup>th</sup></b></p> <p>Albemarle - Charlene: Denials for 8599 type/specialty for direct enrolled providers. We have them set up as 804/113. What are we doing wrong to get that denial?</p> <p>Cheryl: Needs to be 850, not the 113.</p> <p>Onslow - Frank: Does the multi-specialty, 600558, number have to be emailed to Medicaid?</p> <p>Cheryl: No, send it to IPRS Q and A. We will set it up for IPRS.</p> <p>Onslow: Is there a delay in getting it into IPRS?</p> <p>Cheryl: If you send it to me today, then it should be in IPRS for this weekend.</p> <p>New River - Martha: Denials for 8537 and 79? How should H0004 be billed?</p> <p>Cheryl: For EOB 8537, review the attending provider number and compare it to the procedure code. EOB 79 is specific to the billing provider number and the procedure code. H0004 can be billed for non-licensed with an agency as the attending and the billing provider number 34049XX.</p> <p>Eastpointe -Irene: CAP denials for in Medicaid for EOB 36. We were told to change the place of service to 99, and now they are denying for that.</p> <p>Shannon: Don't change the place of service for your CAP provider number. That was specific to a specific situation with DPE claims.</p> <p>Shannon - Also, we need a complete list of codes that each of you want to bypass 3<sup>rd</sup> party, Medicare, or both. Send them to me at <a href="mailto:Shannon.Johnson@eds.com">Shannon.Johnson@eds.com</a> -include not only the just the names of the services, but the actually procedure codes as well.</p> <p>Tideland - Lou: Is the original list missing?</p> <p>Shannon: No, the original memo is over a year old, and I would like to generate a new memo, which contains an all inclusive list of services and procedure codes. Send me the codes and I will compile them together.</p> <p>NC Council - Yvonne: What is the time frame for that, Shannon?</p> <p>Shannon: Please have the list to me by COB on Thursday. Hopefully, we will be able to address all the codes next week with Carol Robertson.</p> <p>Western Highlands – Tom: What about the existing codes?</p> <p>Shannon: Yes, please include all the codes you feel should bypass TPL, Medicare or both.</p> <p>Catawba - Jeanna: We were told that there was a new report for Retro-Medicaid. Catawba didn't receive a report, but had voided claims for Retro-Medicaid.</p> <p>Paul: The new report, IPGR7001, is for OBH claims only. Non-OBH claims will continue to process as they have in the past.</p> <p>Crossroads - Sandy: Will non-OBH claims be processed as always?</p> <p>Core Team: Yes.</p>
4.	<p><b>Upcoming checkwrite (cut-off dates) November 11<sup>th</sup> , 18<sup>th</sup></b></p> <p>Eric: Look for an Alert for regarding the cut off time for submitting 837s for this shorten week.</p> <p>Sharlene: Should be sent out COB Wednesday or first thing Thursday morning.</p> <p>Catawba – Jeanna: Who is off on Friday?</p> <p>Cheryl: The State is off.</p>

5.	<p><b>IPGR7001</b> Impacts only DPE claims. This report will show the Service Facility Location (agency) from the claim. Claims that are effective from 9/1/2005 forward appear on the report.</p> <p><b>Implementation of T1017 HI.</b> Went into production last Friday. Claims filed before implementation will not be resubmitted by EDS. LME's must resubmit those claims themselves. This will be payable from ADSN, ADMRI and CDSN.</p> <p>LME: If you bill the T1017 HI for CAP clients, will it pay or deny with the same edit as T1017 HE?</p> <p>Ron: We believe that T1017 HI will not hit the same edit in production. I will clarify that, and send an email to DMH for distribution.</p> <p>NC Council –Yvonne: She would like a copy.</p> <p>Western Highlands - Tom: Submitted claims with HE and they denied. Has the edit been modified to pay these claims?</p> <p>Shannon: Edit 277 for these claims is still being researched.</p> <p>Crossroads - Sandy: Can T1017 HI be billed under the CAP provider number?</p> <p>Cheryl: Believes it should be billed under the 34049XX number.</p> <p>Eric: We will follow up with you on that.</p> <p>Shannon: For billing guidelines, review the July 2005 Special Bulletin.</p> <p>Western Highlands - Tom: How does a client meet the criteria for T1017HI? What if they are dual diagnosed? Service definition for HI is not published.</p> <p>Shannon: I will take this concern to Carol.</p> <p>Durham – Kelly: Question regarding the open Bug?</p> <p>Cheryl: We have not had a chance to resolve this issue as of yet.</p> <p><b>Rounding Non-Clinician for H0005:</b> User Alert sent out, currently in production. Became effective during the last checkwrite 11/4/2005.</p> <p>LME: The dollar figures in the User Alert do not reflect the number of units in the example.</p> <p>Mike: We will look into that, but the key to the Alert is that the rate for H0005 is \$5.68 per unit.</p> <p><b>Reminder:</b> After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list: <a href="mailto:IPRS.QandA@ncmail.net">IPRS.QandA@ncmail.net</a></p> <p><b>IPRS Questions or Concerns</b></p> <p>Rick: Update on the Guardianship memo. This issue has been wavering at the Division level. The rate would need to go to the rate review board, which is not likely to get support at this time. For now, general guardianship is on hold.</p> <p>Catawba - Jeanna: Do we get a memo on that?</p> <p>Rick: No, but he could send an email to the effect.</p> <p>Thelma: You haven't received a notice have you?</p> <p>Catawba - Jeanna: Only thing we got was from FARO.</p> <p>Neuse - Kim: Can you give me a further explanation on denials with 79?</p> <p>Cheryl: EOB 79 has to do with the billing provider number on the claim. You will see this denial if you submit an OBH code with 34049XX as the billing provider or if you send a non-OBH code with a group billing provider number. This went into effect 9/1/2005. Send the ICN's to IPRS Q&amp;A for further assistance.</p>
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	<p>Neuse - Kim: Ok, there are only five of them.</p> <p>Pathways Susan: On the IPGR7001 Report, can we get the dates of service added to it?</p> <p>Cheryl: We will check on that.</p> <p>Neuse – Kim: Also totals by attending provider?</p> <p>Thelma: We were trying to keep the information contained to one line so that the report could be downloaded to Excel for manipulation by any means fit by the LME.</p> <p>Neuse - Kim: When is the report produced?</p> <p>Thelma: With each checkwrite cycle.</p> <p><b>DMA Direct Provider Enrollment Questions – none</b></p> <p><b>MMIS Updates:</b></p> <p><b>Medicaid Questions or Concerns:</b></p> <p>Western Highlands - Tom: CAP question on the S5110 for family. How do we determine what the unit measure is?</p> <p>Shannon: I will look at the code and get back to you.</p> <p>Western Highlands - Tom: Any further word on the T1999 denials for EOB 94.</p> <p>Shannon: This is still being researched.</p> <p>Albemarle - Charlene: Code 79 on the Medicaid side; is the problem with it fixed?</p> <p>Shannon: I am not aware that there was a problem. Please send examples.</p> <p>Albemarle - Charlene: I will email the claim examples.</p> <p>Western Highlands – Tom: Any further word on the IPRS 837 reporting document regarding the coordination of benefits segment?</p> <p>Paul: This is still being researched.</p>
6.	<b>DMH and/or EDS Concluding Remarks:</b>
7.	<b>Updates to Roll Call; Other Questions?</b>

## Action Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
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**Issue Items**

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
II1.						